Image# 11953287649 PAGE 1 / 51

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X	For Other Than An Au	thorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	type 12FE4M5	
American Academy o	of Family Physicians F	Political Action Co	mmittee	
ADDRESS (number and street) ▼	2021 Massachusetts Aveni	ue, NW		
Check if different than previously reported. (ACC)	Washington		DC	20036
2. FEC IDENTIFICATION N	NUMBER ▼ CI	ITY 🛦	STATE ▲	ZIP CODE ▲
C C00411553		IS THIS REPORT X (N)		IENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports: April 15	Ap	or 20 (M4) Ju	20 (M7) Oct	Year Only) 20 (M10) Jan 31 (YE)
Quarterly Report July 15 Quarterly Report	(C) 12-Day	Primary (12P)	General	(12G) Runoff (12R)
October 15 Quarterly Report	Report for the:	Convention (12	C) Special (12S)
January 31 Year-End Report	(YE) Electi	ion on	D D / Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	tion (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	Special (30S)
Termination Repo (TER)	rt	ion on	D = D / Y = Y = Y	in the State of
5. Covering Period	11 01 2011	through	11 30	2011
I certify that I have examined	this Report and to the best c	of my knowledge and be	lief it is true, correct and	d complete.
Type or Print Name of Treasur	rer Randell K. Wexler, MD			
Signature of Treasurer Ran	ndell K. Wexler, MD	[Electronically I	Filed] Date 12	16 2011
NOTE: Submission of false, erro	neous, or incomplete information	on may subject the perso	n signing this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 11 01 2011 To: 11 30 2011

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		253762.79
	(b) Cash on Hand at Beginning of Reporting Period	327581.74	
	(c) Total Receipts (from Line 19)	41598.10	391907.98
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	369179.84	645670.77
7.	Total Disbursements (from Line 31)	26455.53	302946.46
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	342724.31	342724.31
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period						
. Contributions (other than loans) From:	1000 1000	Calendar Year-to-Date					
(a) Individuals/Persons Other							
Than Political Committees							
(i) Itemized (use Schedule A)	25666.94	277239.41					
(ii) Unitemized	15511.66	107326.60					
(iii) TOTAL (add		204500.04					
Lines 11(a)(i) and (ii)▶	41178.60	384566.01					
(b) Political Party Committees	0.00	0.00					
(b) Political Party Committees							
(such as PACs)	0.00	0.00					
(d) Total Contributions (add Lines	7						
11(a)(iii), (b), and (c)) (Carry							
Totals to Line 33, page 5)▶	41178.60	384566.01					
2. Transfers From Affiliated/Other							
Party Committees	0.00	0.00					
-							
B. All Loans Received	0.00	0.00					
Loan Repayments Received	0.00	0.00					
5. Offsets To Operating Expenditures							
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	419.50	7341.97					
6. Refunds of Contributions Made	,						
to Federal Candidates and Other							
Political Committees	0.00	0.00					
7. Other Federal Receipts	0.00	0.00					
(Dividends, Interest, etc.)	0.00	0.00					
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
(nom ochedule 110)	5.50	0.00					
(b) Levin Funda (from Cabadula III)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	7	0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
(o) Total Transiers (add Total and Total)	7	0.00					
 Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	41509 10	391907.98					
12, 13, 14, 15, 16, 17, and 16(C))	41598.10	351907.96					
). Total Federal Receipts							
(subtract Line 18(c) from Line 19)▶	41598.10	391907.98					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: —	Total Tills I cilou	Calendar Tear-to-Date			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	455.50	0040 40			
Expenditures	455.53	6946.46			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	455.53	6946.46			
Transfers to Affiliated/Other Party	400.00	00-10.10			
Committees	0.00	0.00			
Contributions to					
Federal Candidates/Committees and Other Political Committees	26000.00	296000.00			
Independent Expenditures					
(use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00				
(use Schedule F)	0.00	0.00			
Lean Danaymenta Mada	0.00	0.00			
Loan Repayments Made	3.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To:	7				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
-					
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00			
(add Lines 20(a), (b), and (c),					
Other Disbursements	0.00	0.00			
	7				
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share	0.00	0.00			
(ii) III aviall Chara	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	7	7			
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add	7				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26455.53	302946.46			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)	26455 52	302946.46			
from Line 31)	26455.53	302940.40			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	41178.60	384566.01
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41178.60	384566.01
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	455.53	6946.46
Offsets to Operating Expenditures (from Line 15, page 3)	419.50	7341.97
8. Net Operating Expenditures (subtract Line 37 from Line 36)	36.03	-395.51

Use separate schedule(s) for each category of the

	R LINE	PAGE	=	6	OF	51			
(che	ck only	or	ne)						
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jeffrey D Bachtel MD Date of Receipt Mailing Address 182 East Ave 2011 10 City Zip Code State Transaction ID: C1503214 OH Tallmadge 44278-2311 Amount of Each Receipt this Period FEC ID number of contributing 45.63 federal political committee. Name of Employer Occupation Physician Summa Physicians, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 410.67 Other (specify) Full Name (Last, First, Middle Initial) B. Boyd Lee Bailey MD Date of Receipt Mailing Address 1023 Medical Center Pkwy Ste 200 28 11 2011 City State Zip Code Transaction ID: C1515582 ΑL 36701-7739 Selma Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation UAB/Selma Family Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Frederic Baker MD Date of Receipt Mailing Address 32 Mark Cir 2011 11 24 City Zip Code State Transaction ID: C1514970 MA Holden 01520-1410 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Physician **UMMHC** Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)			7		7	Ξ	46	80.63	3	
TOTAL This Period (last page this line number only)			7	_	7	_		_		

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or for commercial purposes, other than using the	tatements may not be sold or used by any personant taken and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family P	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Mikael Eugene Bedell MD		Date of Receipt
Mailing Address PO Box 1330		M = M / D = D / Y = Y = Y
114 Gardner Place	State Zin Codo	11 28 2011
City Cascade	State Zip Code ID 83611-1330	Transaction ID : C1515008 Amount of Each Receipt this Period
-		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Cascade Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Kenneth Robert Bertka MD		Date of Receipt
Mailing Address 8533 Castle Oaks Pl		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	11 03 2011 Transaction ID : C1498277
Holland	OH 43528-9231	Transaction ID : C1498277 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	
Mercy Health Partners	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
	1100.00	
Full Name (Last, First, Middle Initial) C. Reid B Blackwelder MD		Date of Receipt
Mailing Address 4407 Leedy Rd		11 202011
City	State Zip Code	Transaction ID : C1522541
Kingsport	TN 37664-2117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
East Tennessee State University	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1100.00	
SURTOTAL of Possints This Poss (" "		450.00
SUBTOTAL of Receipts This Page (optional)	>	.55.55
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)											
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Erika Barni Bliss MD Mailing Address 10420 Ne 55Th St		Date of Receipt
City Kirkland	State Zip Code WA 98033-7421	11 24 2011 Transaction ID : C1522538 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Qliance	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) 3. Julia Lett Boothe MD Mailing Address 14670 Bel Aire Est		Date of Receipt
City	State Zip Code AL 35452-3514	11 22 2011 Transaction ID : C1513064
Coker FEC ID number of contributing federal political committee.	AL 35452-3514	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Robert C M Bourne MD		Date of Receipt
Mailing Address 1300 E Cooley Dr		M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
City Colton	State Zip Code CA 92324-3905	Transaction ID : C1515001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer Beaver Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04	
SUBTOTAL of Receipts This Page (optional	I) >	550.42
TOTAL This Period (last page this line num	nber only)	

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	DI	
/ American Academy of Family	Physicians Political Action Commit	mee
Full Name (Last, First, Middle Initial) Wesley Gene Bradford MD		Date of Receipt
Mailing Address 5122 Oconto Ave		11 27 2011
City	State Zip Code	Transaction ID : C1514989
Rancho Palos Verdes	CA 90275-3733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	7
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Kathryn Brandt DO		Date of Receipt
Mailing Address 180 Ingraham Mtn Rd		11 05 2011
City	State Zip Code	Transaction ID : C1499769
Augusta	ME 04330-8431	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	7
Maine-Dartmouth Family Medicine Reside	Residency Faculty Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 2. June G Bredin MD		Date of Receipt
Mailing Address 4924 153Rd PI Sw		11 222011
City	State Zip Code	Transaction ID : C1513069
Edmonds	WA 98026-4435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
Sate of Washington DSHS	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	320.00	
Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (optional)		455.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Committee t	
Full Name (Last, First, Middle Initial) Jeffrey M Byrne MD Mailing Address 9 Rolling Green Ln City Chelmsford FEC ID number of contributing federal political committee. Name of Employer CHELMSFORD FAMILY PRACTICE, PC Receipt For: Primary General Other (specify)	State Zip Code MA 01824-4469 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 11 18 2011 Transaction ID: C1509434 Amount of Each Receipt this Period 700.00
Full Name (Last, First, Middle Initial) Mary F Campagnolo MD Mailing Address 1561 Route 38 Ste 6 City Lumberton FEC ID number of contributing federal political committee. Name of Employer Virtua Medical Group, Marlton NJ Receipt For: Primary General Other (specify)	State Zip Code NJ 08048-2939 C Occupation Physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt 11 21 2011 Transaction ID : C1510184 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Cory D Carroll MD Mailing Address 1040 E Elizabeth St Ste 2 City Fort Collins FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CO 80524-3952 C Occupation Physician Aggregate Year-to-Date ▼ 550.00	Date of Receipt 11 17 2011 Transaction ID: C1508957 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	>	1000.00

FOF	FOR LINE NUMBER:					•	11	OF	51
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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family F	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) 1. Lee Marvin Carter MD		Date of Receipt
Mailing Address PO BOX 506		11 28 _ 2011 _
City	State Zip Code	Transaction ID : C1515019
Huntingdon	TN 38344-0506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Cecilia Ann Collins MD		Date of Receipt
Mailing Address 383 N Roscoe Blvd		11 16 2011
City	State Zip Code	Transaction ID : C1508865
Ponte Vedra Beach	FL 32082-2145	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	365.00
Name of Employer	Occupation	
Cecilia A Collins M.D. P.A.	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) C. Steven A Crawford MD		Date of Receipt
Mailing Address 900 Ne 10Th St		11 16 2011
City	State Zip Code	Transaction ID : C1522539
Oklahoma City	OK 73104-5420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.33
Name of Employer	Occupation	
University of Oklahoma	Physician Faculty]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	2000.00	
Other (specify) ▼	3666.63	
SUBTOTAL of Receipts This Page (optional)		798.33
on noccipio mio rage (upuonai)		
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FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John Howard Darnell MD Date of Receipt Mailing Address 320 Sunset Dr 2011 City Zip Code State Transaction ID: C1505885 Ashland KY 41101-2168 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation Family Medicine Center, PLLC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jose M David MD Date of Receipt Mailing Address 804 Huntington Ct 11 06 2011 City State Zip Code Transaction ID: C1499777 NY Albany 12203-6015 Amount of Each Receipt this Period FEC ID number of contributing 625.00 federal political committee. Name of Employer Occupation Prime Care Physicians PLLC Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 4375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael L Fitzpatrick MD Date of Receipt Mailing Address 7507 Annin St 2011 11 17 City Zip Code State Transaction ID: C1509001 OH Holland 43528-9550 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1655.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

SCHEDULE A (LECTOHII 37	')	Use separate schedule(s)	(check only one)				
TEMIZED RECEIPTS		for each category of the					
		Detailed Summary Page					
		<u> </u>					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American Academy of Family	/ Physicians	Political Action Comm	nittee				
Full Name (Last, First, Middle Initial) A. Seth Yawki Flagg MD			Date of Receipt				
Mailing Address 9129 Bradford Rd	Mailing Address 9129 Bradford Rd						
City	State	Zip Code	Transaction ID : C1498634				
Silver Spring	MD	20901-4917	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		35.00				
Name of Employer	Occupation	1	_				
USN	Doctor						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 385.00]				
Full Name (Last, First, Middle Initial) B. Michael O Fleming MD			Date of Receipt				
Mailing Address 556 Dunmoreland Dr	<u> </u>						
City	State	Zip Code	Transaction ID : C1498570				
Shreveport	LA	71106-6125	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer	Occupation	1	_				
Amedisys, Inc	Chief Medic	cal Officer					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼	33 3	2250.00]				
Full Name (Last, First, Middle Initial) C. Walter F Fletcher MD	1		Date of Receipt				
Mailing Address PO BOX 486	11 08 2011						
City	State	Zip Code	Transaction ID : C1501530				
Martin	TN	38237-0486	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				

785.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

500.00

Occupation

Aggregate Year-to-Date ▼

Physician

Name of Employer

Primary

Other (specify)

General

Self Employed

Receipt For:

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBE (check only one)

FOR	LINE I	NU	MBER	:	PAGE	. 1	14	OF	51
(chec	k only	on	ie)						
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	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Patricia Fontaine Md Fontaine MD Date of Receipt Mailing Address 1100 Angelo Dr 2011 City State Zip Code Transaction ID: C1509024 MN Golden Valley 55422-4708 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Health Partners Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rogelio J Gamad MD Date of Receipt Mailing Address 3232 E 15Th St 2011 11 04 City State Zip Code Transaction ID: C1499080 Panama City FL 32405-7423 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician

Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Christopher H Gaynor MD		Date of Receipt
Mailing Address 6300 9Th Ave Ne Ste 300 City	State Zip Code	11 14 2011 Transaction ID : C1504034
Seattle	WA 98115-8516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.14
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.84	

SUBTOTAL of Receipts This Page (optional).....

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		name and address of any political committee to	
\	COMMITTEE (In Full)		
America	nn Academy of Family P	hysicians Political Action Committe	ee
A. Roland A	Last, First, Middle Initial) dolph Goertz MD		Date of Receipt
	ress 1600 Providence Dr		11 22 2011
City		State Zip Code	Transaction ID : C1522542
Waco		TX 76707-2261	Amount of Each Receipt this Period
	nber of contributing ical committee.	С	416.67
Name of Em	nployer	Occupation	
Family Pract	ice Center	Physician	
Receipt For:		Aggregate Year-to-Date ▼	
Primar	ry General	0.0	
Other	(specify) ▼	4583.37	
3. Gregory			Date of Receipt
Mailing Addr	ress NC AFP - Exec Vice Pres		M = M / D = D / Y = Y = Y
	PO Box 10278		11 11 2011
City	_ _	State Zip Code	Transaction ID : C1503964
Raleigh		NC 27605-0278	Amount of Each Receipt this Period
federal politi	nber of contributing ical committee.	С	45.63
Name of En	nployer	Occupation	
NC AFP		NC AFP - Exec Vice Pres	
Receipt For:		Aggregate Year-to-Date ▼	
Primar	,		
Other	(specify) ▼	319.41	
	Last, First, Middle Initial) nes Heathers MD		Date of Receipt
	ress 767 Riverview Dr		11 18 2011
City		State Zip Code	Transaction ID : C1509486
Kokomo		IN 46901-7025	Amount of Each Receipt this Period
	nber of contributing ical committee.	С	250.00
Name of Em	nployer	Occupation	
Self Employ		Physician	
Receipt For:		Aggregate Year-to-Date ▼	
Primar			
	(specify) ▼	250.00	
SUBTOTAL of	f Receipts This Page (optional)		712.30
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	g the name and address of any political committee					
,	y Physicians Political Action Comm	ittee				
Full Name (Last, First, Middle Initial) Lori J Heim MD Mailing Address 250 Hollybrook Farm I n						
	11 28 2011					
City Vass	State Zip Code NC 28394-8952	Transaction ID : C1515017 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	416.67				
Name of Employer Scotland Memorial Hospital	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4583.37					
Full Name (Last, First, Middle Initial) 3. Daniel J Heinemann MD		Date of Receipt				
Mailing Address PO BOX 5039		11 11 2011				
City Sioux Falls	State Zip Code SD 57117-5039	Transaction ID : C1503963 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	225.00				
Name of Employer Sioux Valley Health Systems	Occupation Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2475.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address 6375 Mercury Dr Ste 200		11 22 2011				
City Mechanicsburg	State Zip Code PA 17050-5282	Transaction ID : C1513044 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
West Shore Family Practice Receipt For:	Physician	_				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional	ı) >	891.67				
TOTAL This Period (last page this line num	nber only)					

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Brian Lee Holmes MD Date of Receipt Mailing Address 1111 N Brady St Ste B 2011 City State Zip Code Transaction ID: C1503573 KS Abilene 67410-1804 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Family Care Clinic, LLP Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard W Honke MD Date of Receipt Mailing Address 401 W Glynn Dr 11 28 2011 City State Zip Code Transaction ID: C1515009 SD Parkston 57366-9605 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Avera St Benedict CRHC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Standish Hoskins MD Date of Receipt Mailing Address PO BOX 2200 11 10 2011 City Zip Code State Transaction ID: C1503216 NV Minden 89423-2200 Amount of Each Receipt this Period FEC ID number of contributing 45.63 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 319.41 Other (specify) 775.63 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personne name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	itee
Full Name (Last, First, Middle Initial) Elvin C Irvin MD Mailing Address 555 E Cheves St		Date of Receipt
City	State Zip Code	11 16 2011
Florence	SC 29506-2617	Transaction ID : C1507517 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Baptist Health Care	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Jessica Johnson Mailing Address 38 Hall St	•	Date of Receipt
	Ohada Zin Ohada	11 15 2011
City Newington	State Zip Code CT 06111-2553	Transaction ID : C1506252 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer N/A	Occupation Student	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	
Full Name (Last, First, Middle Initial)	1	
Richard H Jones MD Mailing Address 106 W Howell Ave		Date of Receipt 11 18 2011
City	State Zip Code	Transaction ID : C1509448
Alexandria	VA 22301-1508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Durney Medical Services, PLLC Receipt For:	Physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		385.00
TOTAL This Period (last page this line number		

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NAME OF COMMITTEE (In Full)	y Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) Michael A Kalinosky DO Mailing Address 220 W South St City Viroqua FEC ID number of contributing federal political committee. Name of Employer Gundenstan Lutheran Receipt For: Primary Other (specify)	State Zip Code WI 54665-1946 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 11 26 2011 Transaction ID: C1514980 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Amr Sabry Kamhawy MD Mailing Address 33358 Waterberry Cir City Waukee FEC ID number of contributing federal political committee. Name of Employer I.H.S. Receipt For: Primary General Other (specify)	State Zip Code IA 50263-7011 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 11 22 2011 Transaction ID: C1513078 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Byung Kang DO Mailing Address 159 Hill Park Ave City Great Neck FEC ID number of contributing federal political committee. Name of Employer Kanhan Medical Svc., P.C. Receipt For: Primary Other (specify)	State Zip Code NY 11021-3828 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 11 22 2011 Transaction ID: C1513087 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional	l) >	895.00
TOTAL This Period (last page this line num	iber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Christina Marie Kelly MD Date of Receipt Mailing Address 2104 Addax Trl 2011 City Zip Code State Transaction ID: C1515015 Harker Heights TX 76548-2351 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Multicare Health System Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura C Knobel MD Date of Receipt Mailing Address 3 Freedom Way 11 2011 17 City State Zip Code Transaction ID: C1508958 MA Walpole 02081-2290 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl G Knopke MD Date of Receipt Mailing Address 7950 Harbart Dr 11 18 2011 City Zip Code State Transaction ID: C1509460 CA Riverside 92506-7559 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commi	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael J La Penta MD Mailing Address 445 Defense Hwy	Chata 7:- Cada	Date of Receipt 11 18 2011
City Annapolis FEC ID number of contributing	State Zip Code MD 21401-8913	Transaction ID : C1509485 Amount of Each Receipt this Period 365.00
Receipt For: Primary Other (specify) General	Occupation Senior Medical Director Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) C Tim Lambert MD Mailing Address 1905 Chapel Cv Ste 340 City Rowlett FEC ID number of contributing federal political committee. Name of Employer Baylor Family Medicine Receipt For: Primary General Other (specify)	State Zip Code TX 75088-1571 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 11 28 2011 Transaction ID : C1515584 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Andrew Lutzkanin Mailing Address 1835 Blacklatch Ln City Middletown FEC ID number of contributing federal political committee. Name of Employer N/a Receipt For: Primary General Other (specify)	State Zip Code PA 17057-2984 C Occupation Student Aggregate Year-to-Date ▼ 323.16	Date of Receipt 11 04 2011 Transaction ID : C1503212 Amount of Each Receipt this Period 41.88
SUBTOTAL of Receipts This Page (optional)	771.88

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22 OF 51 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Andrew Lutzkanin Date of Receipt Mailing Address 1835 Blacklatch Ln 2011 City Zip Code State Transaction ID: C1503218 PΑ Middletown 17057-2984 Amount of Each Receipt this Period FEC ID number of contributing C 41.88 federal political committee. Name of Employer Occupation N/a Student Receipt For: Aggregate Year-to-Date ▼ Primary General 323.16 Other (specify) Full Name (Last, First, Middle Initial) B. David Ashley Lynch MD Date of Receipt Mailing Address 120 N Shore Dr 11 22 2011 City State Zip Code Transaction ID: C1513092 WA Bellingham 98226-4425 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Family Care Network Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Leah Raye R Mabry MD Date of Receipt Mailing Address 339 S Presa St 11 21 2011 City Zip Code State Transaction ID: C1510181 TX San Antonio 78205-3425 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Christus Health Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) 506.88 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)	ly Dhysisiana Dalitical Author Control	t oo				
/	ly Physicians Political Action Commit	Tee				
Full Name (Last, First, Middle Initial) A. Melchisedek L Margaris MD						
Mailing Address 3400 12th Ave S		M = M / D = D / Y = Y = Y = Y = 11				
City	State Zip Code	Transaction ID : C1513063				
Great Falls	MT 59405-5557	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	365.00				
Name of Employer	Occupation	-				
Self Employed	Physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	0.0					
Other (specify) ▼	365.00					
Full Name (Last, First, Middle Initial) Charles G Marler MD	-	Date of Receipt				
Mailing Address PO BOX 990	M = M / D = D / Y = Y = Y					
670 Park Ave	11 28 2011					
City	State Zip Code MT 59474-0990	Transaction ID : C1515585				
Shelby	MT 59474-0990	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ÿ (
Name of Employer	Occupation	1				
Self Employed	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	30 0					
Other (specify) ▼	1500.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address 2903 219th Ave E		11 282011				
City	State Zip Code	Transaction ID : C1515018				
Lake Tapps	WA 98391-5634	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	-				
Sound Family Medicine	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	1000.00					
CURTOTAL AS Provide Title Box (1971)	-0	1965.00				
SUBTOTAL of Receipts This Page (option	al)	1303.00				
TOTAL This Period (last page this line nu	mber only)					

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NAME OF COMMITTEE (In Full)		
` '	nysicians Political Action Committe	эе П
/		
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		
Mailing Address PO Box 289 100 Serendipity Dr		11 03 2011
City	State Zip Code	Transaction ID : C1498314
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	25.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	-	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1150.00	
<u> </u>		
Full Name (Last, First, Middle Initial)		
3. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y
100 Serendipity Dr	State 7:- Ond	11 08 2011
City	State Zip Code	Transaction ID : C1501531
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing	С	25.00
federal political committee.		
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	1150.00	
Full Name (Last, First, Middle Initial)		
D. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y
100 Serendipity Dr		11 15 2011
City	State Zip Code	Transaction ID : C1505930
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing	C	25.00
federal political committee.	U	23.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1150.00	
SUBTOTAL of Receipts This Page (optional)	>	75.00
TOTAL This Period (last page this line number of	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) John S Meigs MD Mailing Address PO Box 289		Date of Receipt
100 Serendipity Dr		11 22 2011
City	State Zip Code	Transaction ID : C1513083
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1150.00	
Full Name (Last, First, Middle Initial) John S Meigs MD		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr	0.1. 7. O.1.	11 28 2011
City	State Zip Code AL 35034-0289	Transaction ID : C1515586
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation	
Receipt For:	Physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	
Full Name (Last, First, Middle Initial) Dale C Moquist MD	1	Date of Receipt
Mailing Address 14023 Southwest Fwy		11 17 2011
City	State Zip Code	Transaction ID : C1508959
Sugar Land	TX 77478-3550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Physicians at Sugar Creek	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numbe	r only)	

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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per- the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Jennifer Muhly MD		Date of Receipt
Mailing Address 41 Lintel Dr		1,1 15 2011
City	State Zip Code	Transaction ID : C1505947
Canonsburg	PA 15317-3646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	†
Centerville Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) 3. Joseph Neller		Date of Receipt
Mailing Address 1118 Shelter Ln		11 11 2011
City	State Zip Code	Transaction ID : C1503965
Lansing	MI 48912-5026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer	Occupation	1
MA AFP	Government Relations	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	319.41	
Full Name (Last, First, Middle Initial) C. Carrie E Nelson MD	ı	Date of Receipt
Mailing Address 520 W Indiana St		11 15 2011
City	State Zip Code	Transaction ID : C1505884
Wheaton	IL 60187-2325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.00
Name of Employer	Occupation	1
McKesson Health Solutions	Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	341.00	
SUBTOTAL of Receipts This Page (optional)	316.63
TOTAL This Period (last page this line num	ber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) R W Nicholson MD Date of Receipt Mailing Address 801 Cobblestone Dr 2011 City Zip Code State Transaction ID: C1505931 Evansville IN 47715-4288 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Vanderburgh County Health Dept. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cheri L Olson MD Date of Receipt Mailing Address 102 Kinder Rd 11 28 2011 City State Zip Code Transaction ID: C1515003 MN La Crescent 55947-9741 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Mayo Clinic Health System Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maureen O Padden MD, MPH Date of Receipt Mailing Address 2300 E St Nw 11 02 2011 Bureau Of Medicine And Surgery City Zip Code State Transaction ID: C1521049 DC Washington 20372-0001 Amount of Each Receipt this Period FEC ID number of contributing 35.00 С federal political committee. Name of Employer Occupation **US Navy** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 455.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name (Last, First, Middle Initial)	ily Physicians Political Action Comm	Ittee
Kenneth Dewayne Parrott MD		Date of Receipt
Mailing Address PO BOX 389		M = M / D = D / Y = Y = Y = Y = 11
City	State Zip Code	Transaction ID : C1513057
Okeene	OK 73763-0389	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	7
Okeene Memorial Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Francis L Pisney MD		Date of Receipt
Mailing Address 322 1/2 College Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	11 09 2011 Transaction ID : C1502444
Iowa Falls	IA 50126-2106	Transaction ID : C1503111 Amount of Each Receipt this Period
FEC ID number of contributing	55125 2165	Amount of Each neceipt this Fellou
federal political committee.	C	250.00
Name of Employer	Occupation	
Ellsworth Family Medicine	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Charles H Raye MD		Date of Receipt
Mailing Address 1008 Minnequa Avenue	Suite #1124	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C1503223
Pueblo	CO 81004-3733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	122.00
Name of Employer	Occupation	
Retired	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	243.67	
SUBTOTAL of Receipts This Page (option	nal)	737.00
TOTAL This Period (last page this line nu	mber only)	1

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
, ,	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Paul J Reiss MD		Date of Receipt
Mailing Address 17 Lyman Dr		11 15 2011
City	State Zip Code	Transaction ID : C1505929
Williston	VT 05495-9622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Evergreen Family Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Robert Lee Rich MD		Date of Receipt
Mailing Address PO BOX 10		M = M / D = D / Y = Y = Y
3744 Old Abbottsburg Rd City	State Zip Code	11 28 2011
City Bladenboro	NC 28320-0010	Transaction ID : C1515004
_	13320 30.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Bladen Medical Associates	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) C. Richard Guy Roberts MD		Date of Receipt
Mailing Address 1100 Delaplaine Ct		11 18 2011
City	State Zip Code	Transaction ID : C1509449
Madison	WI 53715-1840	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
University of Wisconsin	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<u></u>	1115.00
TOTAL This Period (last page this line number	only)	

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	and Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
American Academy of Fami	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) A. Gloria Gloria Ruiz MD		Date of Receipt
Mailing Address 1 Enebro PI		1.1 17 2011
City	State Zip Code	Transaction ID : C1508945
Santa Fe	NM 87508-8837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Christus Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. Flora F Sadri-Azarbayejani DO		Date of Receipt
Mailing Address 427 S Mountain Rd		11 06 2011
City	State Zip Code	Transaction ID : C1499776
Northfield	MA 01360-9684	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Gardner Family Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)		Date of Dansiet
John F Salimbene MD Mailing Address 174 Boulevard		Date of Receipt
City	Ctata Zin Codo	11 15 2011
City Scarsdale	State Zip Code NY 10583-5534	Transaction ID : C1505878 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Possints This Poss (setting	50	780.00
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FOR LINE NUMBER: PAGE 31 OF 51 Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)	ly Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) Shirley Uhl Salvatore MD Mailing Address 10 Hastings Ct City Pueblo FEC ID number of contributing federal political committee. Name of Employer Centura Health Receipt For: Primary General Other (specify)	State Zip Code CO 81001-1400 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 11 18 2011 Transaction ID: C1509481 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Paul David Salzberg MD Mailing Address PO BOX 898 City Callicoon FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code NY 12723-0898 C Occupation Physician Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 29 2011 Transaction ID : C1518324 Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initial) Sarah L Sams MD Mailing Address 2994 Frazell Rd City Hilliard FEC ID number of contributing federal political committee. Name of Employer Grant Medical Center Receipt For: Primary General Other (specify)	State Zip Code OH 43026-9785 C Occupation Physician Aggregate Year-to-Date ▼ 1100.00	Date of Receipt 11 28 2011 Transaction ID : C1515016 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (option	al)	660.00
TOTAL This Period (last page this line nur	mber only)	

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NAME OF COMMITTEE (In Full)		o solicit contributions from such committee.
, ,	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Dennis James S Sanchez MD		Date of Receipt
Mailing Address 4347 Clubhouse Dr		11 18 2011
City Lakewood	State Zip Code CA 90712-3755	Transaction ID : C1509457
FEC ID number of contributing federal political committee.	CA 90/12-3/33	Amount of Each Receipt this Period 300.00
Name of Employer Sanchez Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Wendis A Santana-Joyce DO		Date of Receipt
Mailing Address 68 Apple Creek Dr		11 22 2011
City Elgin	State Zip Code OK 73538-8400	Transaction ID : C1513062 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer US ARMY	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Brent Smith MD		Date of Receipt
Mailing Address 285 Normandy Cir		11 10 2011
City Madison	State Zip Code MS 39110-9057	Transaction ID : C1503213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	191.54
Name of Employer	Occupation	
University of Mississippi Medical Cent	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 808.46	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	691.54

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	Statements may not be sold or used by any pers le name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family F	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) A. William D Smucker MD		Date of Receipt
Mailing Address PO BOX 228		M = M / D = D / Y = Y = Y
6601 Smucker Drive	01-1-	11 15 2011
City Westfield Center	State Zip Code OH 44251-0228	Transaction ID : C1505877
	942J1-UZZO	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Family Pracitce Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	00 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Albert M Sterns MD		Date of Receipt
Mailing Address 1021 Drexel Pkwy		11 18 _ 2011 _
City	State Zip Code	Transaction ID : C1509461
Birmingham	AL 35209-6001	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	150.00
Name of Employer	Occupation	
N.W Ala Emerg Phys	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1650.00	
Full Name (Last, First, Middle Initial) Michael N Stiffman MD		Date of Receipt
Mailing Address 8100 34Th Ave S		11 06 2011
City	State Zip Code	Transaction ID : C1499786
Minneapolis	MN 55425-1672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
HealthPartners	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	365.00	
Other (specify) ▼	303.00	
SUBTOTAL of Receipts This Page (optional)		765.00
(optional)		
TOTAL This Period (last page this line number	· only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ree
Full Name (Last, First, Middle Initial) A. Harry S Strothers III		Date of Receipt
Mailing Address 300-A Bldg 100 1513 E Cleveland Ave City	State Zip Code	11 10 2011 Transaction ID : C1503217
East Point	GA 30344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Morehouse School of Medicine	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 319.41	
Full Name (Last, First, Middle Initial) 3. Jay Patrick Taylor MD Mailing Address 6097 Sanctuary Garden Blvd	-	Date of Receipt
City Port Orange	State Zip Code FL 32128-7229	11 18 2011 Transaction ID : C1509431 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Emergency Medicine Professionals Receipt For:	Occupation Physicians	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Stacy J Taylor MD		Date of Receipt
Mailing Address 173 E Cotton Hill Rd		11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City New Hartford	State Zip Code CT 06057-3524	Transaction ID : C1503215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer ProHealth Physicians LLC Receipt For:	Occupation Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 319.41	
SUBTOTAL of Receipts This Page (optional)		456.26
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
$\Big angle$ American Academy of Family P	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Andrew J Ting MD		Date of Receipt
Mailing Address 15 Railroad Ave		11 07 Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C1501377
S Hamilton	MA 01982-2218	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Family Medicine Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Lloyd P Van Winkle MD		Date of Receipt
Mailing Address PO BOX 960		11 16 2011
City	State Zip Code	Transaction ID : C1522540
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer	Occupation	
Self	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 319.41	
Full Name (Last, First, Middle Initial) C. Raymond R Walker MD		Date of Receipt
Mailing Address 4130 Persimmon Hill Cv		11 082011
City	State Zip Code	Transaction ID : C1501533
Bartlett	TN 38135-5175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Tenet Healthcare	Physician/Hospitalist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1095.63
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) David Benjamin Ware MD Mailing Address 137 Dan Dr City Eunice FEC ID number of contributing federal political committee. Name of Employer Eunice Family Practice Receipt For: Primary General Other (specify)	State Zip Code LA 70535-6859 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 11 03 2011 Transaction ID: C1498626 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) David Benjamin Ware MD Mailing Address 137 Dan Dr City Eunice FEC ID number of contributing federal political committee. Name of Employer Eunice Family Practice Receipt For: Primary General Other (specify)	State Zip Code LA 70535-6859 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 11 18 2011 Transaction ID : C1509465 Amount of Each Receipt this Period 400.00
Full Name (Last, First, Middle Initial) Robert J Weber MD Mailing Address 1375 Meadowridge Rd City Watsonville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 95076-0356 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 11 18 2011 Transaction ID : C1509459 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)	>	865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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n for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee of Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) Jane A Weida MD	Physicians Political Action Commi	
Mailing Address 1011 Handsome PI		Date of Receipt 11 04 2011
City Lititz	State Zip Code PA 17543-9708	Transaction ID : C1499071 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Reading Hospital Famliy Medicine Resid Receipt For: Primary General Other (specify) ▼	Occupation Family Physician/Faculty Associate Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Thomas J Weida MD Mailing Address 845 Fishburn Rd		Date of Receipt
City Hershey FEC ID number of contributing federal political committee.	State Zip Code PA 17033-2015	11 21 2011 Transaction ID : C1510182 Amount of Each Receipt this Period 125.00
Name of Employer Hershey Medical Center Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	_
Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Andre Wherry MD Mailing Address 59 Tipton Dr	375.00	Date of Receipt
City Dahlonega FEC ID number of contributing federal political committee.	State Zip Code GA 30533-1603	Transaction ID : C1519684 Amount of Each Receipt this Period 250.00
Name of Employer Chestatee Regional Hospital Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2500.00	
SUPTOTAL of Possints This Page (entional)		500.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe	<u>`</u>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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Name of Employer Deaconess Hospital Receipt For:	NAME OF COMMITTEE (In Full)	Physicians Political Action Committee	
Mailing Address 335 W Doty St	Mailing Address 5300 Nw 123Rd St City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary General	OK 73142-5142 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	11 18 2011 Transaction ID : C1509443
Date of Receipt Mailing Address 1313 Red River St Ste 100 City Austin FEC ID number of contributing federal political committee. Name of Employer Seton Hospital Receipt For: Primary Other (specify) ▼ Date of Receipt MM M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Mailing Address 335 W Doty St Apt 302 City Madison FEC ID number of contributing federal political committee. Name of Employer Group Health Cooperative Receipt For: Primary General	WI 53703-3147 C Occupation Physician Aggregate Year-to-Date ▼	11 17 2011 Transaction ID : C1508994 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	City Austin FEC ID number of contributing federal political committee. Name of Employer Seton Hospital Receipt For: Primary General	TX 78701-1923 C Occupation Physician Aggregate Year-to-Date ▼	11 10 2011 Transaction ID : C1503226
	SUBTOTAL of Receipts This Page (optional)	>	1365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes	s, other than using the	name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE American Acade	,	nysicians Political Action Commit	tee
Full Name (Last, First, Na. Robert Allen Youen Mailing Address 402 You	s MD, MMM		Date of Receipt
City Weimar		State Zip Code TX 78962-3680	11 17 2011 Transaction ID : C1509017
FEC ID number of contr federal political committee	•	C	Amount of Each Receipt this Period
Name of Employer Youens, Duchicela & Ass Receipt For:	sociates, P.A.	Occupation Physician	
	General	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Name (La	Middle Initial)		Date of Receipt
City		State Zip Code	Amount of Each Receipt this Period
FEC ID number of contr federal political committee		C	
Name of Employer		Occupation	
Receipt For: Primary Other (specify) ▼	General	Aggregate Year-to-Date ▼	
Full Name (Last, First, N	Middle Initial)		Date of Receipt
Mailing Address		State Zip Code	M = M / D = D / Y = Y = Y
City		State Zip Code	Amount of Each Receipt this Period
FEC ID number of contr federal political committee	•	C	
Name of Employer		Occupation	
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TOTAL This Period (last p	page this line number o	nly)	25666.94

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 OF 51 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	ny information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Family Pl	hysicians	Political Action Comm	nittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ans		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy	,		11 08 2011
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C1501532 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		79.32
	Name of Employer	Occupation	ı	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 7341.97	
В.	Full Name (Last, First, Middle Initial) American Academy of Family Physic			Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy			11 28 2011
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C1515214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		340.18
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 7341.97	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
Ο.	Mailing Address			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			419.50

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419.50

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SC	CHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER:	_		PAGE	41	OF	51
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or	for commercial purposes, other than using the name	ne and add	ress of any polition	cal comm	ittee to	solicit cor	tributions	from	such o	commi	ttee.	
	NAME OF COMMITTEE (In Full)		- I' I A	•	٠							
	American Academy of Family Phys	sicians F	Political Action	on Con	nmitt	ee						
_	Full Name (Last, First, Middle Initial)						D: 1					
Α.	American Express					Date of	Disburse		V	Y Y	V	
	Mailing Address PO Box 53852					11		8		2011		
	•	State	Zip Code			Trans	action ID	: D12	1766			
	Phoenix Purpose of Disbursement	AZ	85072-3852									
	Bank card processing fee					Amount	of Each	Disbu	rsemer	nt this	Perio	d
	Candidate Name			Catego							4.94	П
	Office Sought: House Disbursen	nont For:		Туре	•		-		7		7.57	_
	Senate Sought.	Primary	General									
	President	Other (spe	cify) 🔻									
_	State: District:											
В.	Full Name (Last, First, Middle Initial)					Data of	Disburse	mont				
υ.	American Express					M M	_	D /	Y	Y	V	
	Mailing Address PO Box 53852					11		21		2011	١	
	,	State AZ	Zip Code			Trans	action ID	: D12	1767			
	Purpose of Disbursement	AZ	85072-3852									
	Bank card processing fee					Amount	of Each	Disbur	rsemer	nt this	Perio	d
	Candidate Name			Catego			,		,	3	1.64	
	Office Sought: House Disbursen											
	Senate President	Primary Other (spe	General									
	State: District:	Other (spe	City) 🔻									
	Full Name (Last, First, Middle Initial)											
C.	American Express					Date of	Disburse	ment				
	Mailing Address PO Box 53852					11	2			2011	Y	
	City	State	Zip Code			Trane	action ID	· D12	1768			
	Phoenix Purpose of Disbursement	AZ	85072-3852			114113		. 512				
	Bank card processing fee					Amount	of Each	Diehu	reamai	nt thic	Pario	Ч
	Candidate Name			Catego		Amount	Of Edoir	Diobai	Tocinici		4.26	
	Office Sought: House Disbursen						7		,			
	Senate President	Primary	General									
	State: District:	Other (spe	сіту) 🔻									
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\setminus	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	icians P	Political Acti	on (Com	mitt	ee								
_	Full Name (Last, First, Middle Initial)														
Α.	American Express						Dat	e of	Dis	burse			YY	I Y	1
	Mailing Address PO Box 53852						_	11	_	2	2		2011	_	1
		State	Zip Code				Т	ans	acti	on ID	: D'	121769			
	Phoenix Purpose of Disbursement	AZ	85072-3852												
	Bank card processing fee						Am	ount	of	Each	Disl	ourseme	ent this	Per	iod
	Candidate Name			C	ategoi Type	ry/		_	_	,	_	,	6	3.38	3
	Office Sought: House Disbursen														
		Primary	General												
	State: District:	Other (spec	city) \blacktriangledown												
_	Full Name (Last, First, Middle Initial)														
В.	American Express						Da	e of	Dis	burse	mer	nt			
							M	= M	/	D	D	/ Y	YY	Y	1
	Mailing Address PO Box 53852						L	11		2	5	L	2011	_	
	City S Phoenix	State AZ	Zip Code 85072-3852				Т	rans	acti	on ID	: D	121770			
	Purpose of Disbursement Bank card processing fee			Г		\neg	Am	ount	of	Each	Disl	ourseme	ent this	Per	iod
	Candidate Name			C	ategoi	rv/		-		-		-		4.00	
					Type			_	_	7	-	7		4.23	5
	Office Sought: House Disbursen														
		Primary	General												
	President State: District:	Other (spec	city) \blacktriangledown												
_	Full Name (Last, First, Middle Initial)						-		Б.						
C.	American Express								DIS	burse					
	Mailing Address PO Box 53852							11	/	2		/ Y	2011	Y	
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	Phoenix Purpose of Disbursement	AZ	85072-3852				•	u	uou	010					
	Bank card processing fee				-				,		D: 1			_	
	Candidate Name			C	ategoi Type	ry/	Am	ount	OI	Eacn	DISI	ourseme	ent this	1.30	
	Office Sought: House Disbursen	nent For:			.,,,,				_	7		7			_
		Primary	General												
	President	Other (spec	cify) 🔻												
	State: District:														
5	SUBTOTAL of Disbursements This Page (optional)					•				, ,		-	6	8.91	
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S	CHEDULE B (FEC Form 3X)	FOR LINE					NE NUMBER: PAGE 43 OF 51						
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(ched	ck only	one)							
			Summary Page	<u>×</u>	21b	22	23	24	25	26			
_					27	28a	28b	28c	29	30b			
	ly information copied from such Reports and Statem for commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full)												
	American Academy of Family Phys	icians P	olitical Action	on Con	nmitte	ee							
_	Full Name (Last, First, Middle Initial)					5							
Α.	American Express					Date of	f Disburse		YY	Y			
	Mailing Address PO Box 53852					11	2	8	2011				
	,	State	Zip Code			Trans	action ID	: D121772					
	Phoenix Purpose of Disbursement	AZ	85072-3852										
	Bank card processing fee					Amoun	t of Each	Disbursem	ent this	Period			
	Candidate Name			Catego Type						0.65			
	Office Sought: House Disbursen Senate	nent For: Primary	General										
	President State: District:	Other (spec	cify) ▼										
	Full Name (Last, First, Middle Initial)												
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	Mailing Address PO Box 53852					11	2	29	2011				
	Phoenix	State AZ	Zip Code 85072-3852			Trans	action ID): D121773					
	Purpose of Disbursement Bank card collection fee					Amoun	t of Each	Disbursem	ent this	Period			
	Candidate Name			Catego			-,-	,		4.95			
		nent For: Primary Other (spec	General ▼										
_	Full Name (Last, First, Middle Initial)												
C.	American Express					Date of	Disburse		YY	Υ			
	Mailing Address PO Box 53852					11	0	1	2011				
		State AZ	Zip Code 85072-3852			Trans	action ID	: D121774					
	Purpose of Disbursement Bank card processing fee				\neg	A ma a	of Foob	Disbursem	ant thia	Dariad			
	Candidate Name			Catego		Amoun	or Each	Disbursem		6.54			
	Office Sought: House Disbursen	nent For:	l.				,	,					
	Senate	Primary	General										
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S	CHEDULE B (FEC Form 3X)				FOR	LINE	NUME	BER:				PAG	E 44	OF	51
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-			Summary Page		X	21b		2		23		24	25		26
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	ly information copied from such Reports and Staten for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	sicians P	Political Acti	on (Com	nmitt —	ee								
_	Full Name (Last, First, Middle Initial)														
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	Mailing Address PO Box 53852						_	11	_	0:	2	L	2011	_	<u> </u>
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	Phoenix Purpose of Disbursement	AZ	85072-3852				-								
	Bank card processing fee						Am	ount	of	Each	Disl	oursem	ent this	Per	iod
	Candidate Name			С	atego Type	ry/				,		7		1.95	j
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	President State: District:	Other (spec	cify) 🔻												
_	Full Name (Last, First, Middle Initial)														
В.	American Express						Da	te of	Dis	burse	mer				
	Mailing Address PO Box 53852						М	11		0		/ Y	2011	- Y	
	City S Phoenix	State AZ	Zip Code 85072-3852				Т	rans	acti	on ID	: D	121776			
	Purpose of Disbursement Bank card processing fee			Г	-		Am	ount	of	Each	Disl	oursem	ent this	Per	iod
	Candidate Name			С	ategoi Type	ry/		Ξ		, ,		,		9.27	7
		nent For: Primary Other (spec	General												
	State: District:	Other (spec	City) 🔻												
C.	Full Name (Last, First, Middle Initial) American Express						Da	te of	Dis	burse	mer	nt			
	Mailing Address PO Box 53852							11	/	0		/ Y	2011	Y	
		State AZ	Zip Code 85072-3852				Т	rans	acti	on ID	: D	121777			
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	Candidate Name			С	atego Type	ry/	Am	ouni	OT	⊨acn	DISI	oursem		Per 11.86	
	Office Sought: House Disbursen									7		7			
		Primary Other (spec	General												
	State: District:	Other (spec	uiy) ▼												
Г	District.							-	-		-	_	-	0.55	$\overline{}$
s	UBTOTAL of Disbursements This Page (optional)					<u> </u>	F	÷	-	1	=	7	2	3.08	닉
Т	OTAL This Period (last page this line number only)					•				,		7			

SCH	EDULE B (FEC Form 3X)	FOR LINE					NE NUMBER: PAGE 45 OF 51						
ITEN	MIZED DISBURSEMENTS		arate schedule(s) category of the	(che	ck only	one)							
			Summary Page		21b	22	23	24	25	26			
· .					27	28a	28b	28c	29	30b			
	nformation copied from such Reports and Staten commercial purposes, other than using the name												
I \	ME OF COMMITTEE (In Full)												
Aı	merican Academy of Family Phys	icians P	Political Action	on Cor	nmitt	ee							
	I Name (Last, First, Middle Initial)					5.	. Б						
A. A _I	merican Express					Date of	f Disburse		YY	Y			
Ма	iling Address PO Box 53852					11	1	0	2011				
City	y S	State	Zip Code			Trans	action ID	: D121778					
	oenix	AZ	85072-3852			ITAIIS	action ib	. DIZI110					
Ba	rpose of Disbursement ank card processing fee				П	Amoun	of Each	Disbursem	ent this	Period			
Cai	ndidate Name			Catego Type					2	0.31			
Off	ice Sought: House Disbursen	nent For:											
		Primary	General										
Cto	President	Other (spec	cify) 🔻										
Sta													
	I Name (Last, First, Middle Initial)					Date of	Disburse	ment					
D . A	merican Express								YY	V			
Ma	iling Address PO Box 53852					M M	1	4	2011				
City	y oenix	State AZ	Zip Code 85072-3852			Trans	action ID	: D121779					
	rpose of Disbursement ank card processing fee				\neg	Amoun	t of Each	Disbursem	ent this	Period			
Car	ndidate Name			Catego	ory/								
				Type			-,-		3	2.50			
Offi	ice Sought: House Disbursen	nent For:											
		Primary	General										
Sta		Other (spec	cify) 🔻										
	l Name (Last, First, Middle Initial)												
C. A	merican Express					Date of	Disburse	ment					
Ma	iling Address PO Box 53852					M M M	/ D 1		2011	Y			
IVIG	ming / Ida 1000 1 O BOX 33032						-		2011				
City		State	Zip Code			Trans	action ID	: D121780					
		AZ	85072-3852			T Carre							
	rpose of Disbursement ank card processing fee							5					
	ndidate Name			Catego		Amoun	of Each	Disbursem		Period 2.97			
Off	ice Sought: House Disbursen	nent For:		ТУР	_		7	7					
		Primary	General										
	President	Other (spec	cify) 🔻										
Sta	tte: District:												
SUB	TOTAL of Disbursements This Page (optional)				▶			1.00	5	5.78			
	AL This Period (last page this line number only)							7					

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SCHEDULE B (FEC Form 3X)		FOR LIN	E NUMBER:		PAGE	46 OI	F 51
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		1			
	Detailed Summary Page	X 211		23	24 28c	25	26
			28a	28b		29	30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
American Academy of Family Phys	icians Political Acti	on Commi	ittee				
Full Name (Last, First, Middle Initial)							
A. American Express			Date of	Disburseme		- Y - Y	Y
Mailing Address PO Box 53852			11	15	_20)11	_
City	State Zip Code		Trans	action ID : [7121781		
Phoenix	AZ 85072-3852		ITalis	action ib . I	3121701		
Purpose of Disbursement Bank card processing fee			Amount	of Each Di	sbursement	this Pe	eriod
Candidate Name		Category/ Type			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.9	97
Office Sought: House Disburser	nent For:						
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) B. Bank Of America Merchant Service	es		Date of	Disburseme			
Mailing Address WA2-505-01-40			11	01		011	
PO Box 2485 City	State Zip Code						
	WA 99210-2485		Trans	action ID : I	D121910		
Purpose of Disbursement Bank card processing fee			Amount	of Each Di	sbursement	this Pe	eriod
Candidate Name		Category/					_
		Type				231.	81
Office Sought: House Disbursen	nent For:						
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of	Disburseme		- Y - Y	v .
Mailing Address] [
City	State Zip Code						
Purpose of Disbursement							
Candidate Name		Category/ Type	Amount	of Each Di	sbursement	this Pe	eriod
Office Sought: House Disburser	nent For:	**		- 7	7		
	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)		·····•		, ,	,	234.7	78
						AEF	2
TOTAL This Period (last page this line number only)				,		455.5	JO

SCHEDULE B (FEC Form 3X)		FOR LINE		PAGE 47 OF 51
ITEMIZED DISBURSEMENTS	MENTS Use separate schedule(s) (check only or		one)	1
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and State	ements may not be sold or			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phy	sicians Political Ac	tion Committ	tee	
/ Full Name (Last, First, Middle Initial)		1		
A. BILL CASSIDY FOR CONGRESS	3		Date of Disbursemer	nt
Mailing Address accounts to the			M M / D D	/ Y Y Y Y Y Y Y 2011
Mailing Address 8550 United Plaza Blvd.			11 30	2011
City	State Zip Code		Transaction ID : D1	121755
Baton Rouge Purpose of Disbursement	LA 70809			
Purpose of Disbursement Campaign contribution			Amount of Each Dist	bursement this Period
Candidate Name		Category/		
Rep. Bill Cassidy		Type		1500.00
	ement For: 2012			
Senate	Primary General			
State: LA District: 06	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. GUTHRIE FOR CONGRESS			Date of Disbursemer	nt
			M = M / D = D	/ Y = Y = Y = Y
Mailing Address PO Box 9639			11 30	2011
City Pouling Cross	State Zip Code		Transaction ID : D1	121757
Bowling Green Purpose of Disbursement	KY 42102			
Campaign contribution			Amount of Each Disk	bursement this Period
Candidate Name		Category/		
Rep. Brett Guthrie		Type		2500.00
	ement For: 2012			
	Primary General			
State: KY District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. CATHY MCMORRIS RODGERS	FOR CONGRESS		Date of Disbursemer	nt
Malling Adds =			M M / D D	/ Y Y Y Y Y
Mailing Address Box 137			11 08	2011
City	State Zip Code		Transaction ID De	121301
Spokane	WA 99210		Transaction ID : D1	121331
Purpose of Disbursement Campaign contribution				
Candidate Name		الحجا	Amount of Each Disk	bursement this Period
Rep. Cathy McMorris Rodgers		Category/ Type		1000.00
	ement For: 2012	1 .,,,,,		7
Senate	Primary General			
President	Other (specify) ▼			
State: WA District: 05				
OUDTOTAL (S)			· · · · · ·	5000.00
SUBTOTAL of Disbursements This Page (optional)		·····		3000.00
TOTAL This Period (last page this line number onl	v)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 48 OF 5
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(s) (check only one)	
-	Detailed Summary Page	21b	22 🗙 23 24 25 2
Г		27	28a 28b 28c 29 3
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)	, , ,		
American Academy of Family Phy	sicians Political Actio	on Committ	tee
Full Name (Last, First, Middle Initial)			
A. DAVE CAMP FOR CONGRESS			Date of Disbursement
Mailing Address 5915 Eastman Avenue			11 14 2011
Apt 304			
City	State Zip Code		Transaction ID : D121471
Midland	MI 48640		Transaction is . 5121471
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Dave Camp		Type	1000.00
	ement For: 2012		
Senate President	Primary General Other (specify) ▼		
State: MI District: 04	_ Culci (Specify) ▼		
Full Name (Last, First, Middle Initial)			
B. ENGEL FOR CONGRESS			Date of Disbursement
Mailing Address 462 California Road			11 14 2011
City Bronxville	State Zip Code NY 10708		Transaction ID : D121470
Purpose of Disbursement	10700		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Eliot L. Engel	_	Type	1000.00
	ement For: 2012		
Senate President	Primary General Other (specify) ▼		
State: NY District: 17	Cirici (Specify)		
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF JIM CLYBURN			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 12567			11 14 2011
City	State Zip Code		
COLUMBIA	SC 29211		Transaction ID : D121469
Purpose of Disbursement Campaign contribution			
Candidate Name			Amount of Each Disbursement this Period
Rep. James E. Clyburn		Category/ Type	2500.00
•	ement For: 2012	туре	
Senate	Primary General		
President	Other (specify)		
State: SC District: 06			
SUBTOTAL of Disbursements This Page (optional)		·····•	4500.00
TOTAL This Desired (leak peace the tr			
TOTAL This Period (last page this line number onl	у)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 49 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(s) (check only one)	
	Detailed Summary Page	21b	22 X 23 24 25 30 30 30 30 30 30 30 30 30 30 30 30 30
Г		27	28a 28b 28c 29
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phy	sicians Political Acti	on Committ	ee
Full Name (Last, First, Middle Initial)	_		Data of Dishamount
A. FRIENDS FOR JIM MCDERMOT	Γ		Date of Disbursement
Mailing Address PO Box 21786			11 30 2011
City	State Zip Code		Transaction ID D404750
Seattle	WA 98111		Transaction ID : D121756
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Jim McDermott		Туре	2500.00
Office Sought: House Disburse Senate President	ment For: 2012 Primary General Other (specify) ▼		
State: WA District: 07	Office (specify)		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF LOIS CAPPS			Date of Disbursement
Mailing Address PO Box 23940			11 14 2011
City Santa Barbara	State Zip Code CA 93121		Transaction ID : D121472
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Lois Capps	_	Туре	2300.00
	ment For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
C. MIKE THOMPSON FOR CONGR	ESS		Date of Disbursement
Mailing Address 5429 Madison Avenue			11 30 2011
City Sacramento	State Zip Code CA 95841		Transaction ID : D121759
Purpose of Disbursement			
Campaign contribution		1 []	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. Mike Thompson	_	Туре	1300.00
Senate President	ment For: 2012 Primary General Other (specify) ▼		
State: CA District: 01			
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	6500.00
TOTAL This Period (last page this line number only	r)		

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 50 OF 51
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🔀 23 🔲 24 🔲 25 🔲 26
	, ,	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	icians Political Actior	n Committe	ee
Full Name (Last, First, Middle Initial)			
A. GINGREY FOR CONGRESS			Date of Disbursement
Mailing Address PO Box U			11 30 2011
City	State Zip Code		Transaction ID : D121758
Marietta	GA 30060		Transaction iD . D121730
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Phil Gingrey		Туре	2000.00
	nent For: 2012 Primary General		
President	Other (specify)		
State: GA District: 11			
Full Name (Last, First, Middle Initial)			
B. KIND FOR CONGRESS COMMIT	ΓEE		Date of Disbursement
Mailing Address 205 5th Avenue South			11 30 2011
,	State Zip Code WI 54601		Transaction ID : D121754
La Crosse Purpose of Disbursement	WI 54601		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2502.00
Rep. Ron Kind		Type	2500.00
	nent For: 2012		
Senate X	Primary General Other (specify) ▼		
State: WI District: 03	Other (specify)		
Full Name (Last, First, Middle Initial)			
C. FEINSTEIN FOR SENATE			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 1212 S VICTORY BLVD			11 08 2011
,	State Zip Code		Transaction ID : D121390
BURBANK Purpose of Disbursement	CA 91502		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Sen. Dianne Feinstein		Туре	2500.00
Office Sought: House Disburser Senate	nent For: 2012		
President	Primary General Other (specify)		
State: CA District: 00	(-p-3)/ \		
SUBTOTAL of Disbursements This Page (optional)		·····•	7500.00
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		<u>_</u>	7500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 51 OF 51
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
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	Detailed Sulfillidity Fage	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the name	ne and address of any politi	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
$ \; angle$ American Academy of Family Phys	icians Political Acti	on Committ	tee
/ Full Name (Last, First, Middle Initial)			
A. WHITEHOUSE FOR SENATE			Date of Disbursement
WITH ETIOGOET OIL GENATE			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 40280			11 30 2011
011	7' 0 1		
City S PROVIDENCE	State Zip Code RI 02940		Transaction ID : D121753
Purpose of Disbursement	02940		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Sheldon Whitehouse		Type	2500.00
	nent For: 2012		
	Primary General		
State: RI District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
-			
City	State Zip Code		
Purpose of Disbursement			
•			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disbursen			
Senate President	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address			
Cit.	State Zin Code		
City	State Zip Code		
Purpose of Disbursement			
		1 []	Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Cought	ant Fau	Type	
Office Sought: House Disburser Senate	nent For: Primary General		
President	Other (specify)		
State: District:	- (-i->3)/ ▼		
SUBTOTAL of Disbursements This Page (optional)			2500.00
		· · ·	20202.00
TOTAL This Period (last page this line number only)			26000.00